



LINCOLN POLICE DEPARTMENT  
575 South 10th Street Lincoln, NE 68508  
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

July 30, 2013

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:


An investigation has been made regarding the application of Pinnacle Bank Arena, 400 Pinnacle Arena Drive requesting a class C/K liquor license.

Thomas Lorenz has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as the applicant is a currently approved manager.

The required training has been completed.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

  
JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

Trade Name (doing business as) Pinnacle Bank Arena

Street Address #1 400 Pinnacle Arena Drive

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number 402-904-4444 E-mail tlorenz@smglincoln.com

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mailing address (where you want to receive mail from the Commission)

Name Tom Lorenz - General Manager

Street Address #1 400 Pinnacle Arena Drive

Street Address #2 \_\_\_\_\_

City Lincoln State NE Zip Code 68508

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

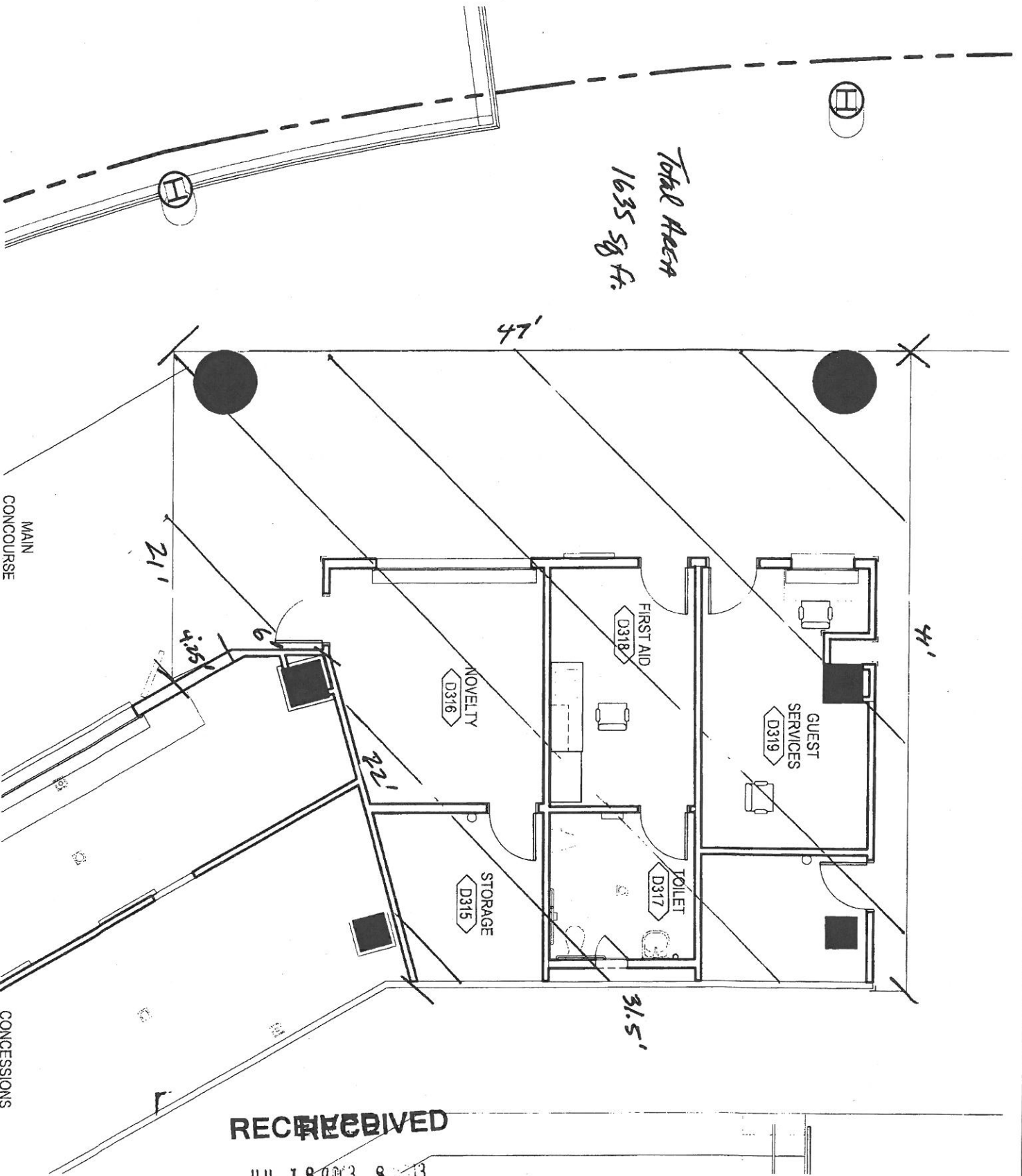
Length \_\_\_\_\_ feet

Width \_\_\_\_\_ feet

Is there a basement? Yes ☐ No ☒

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

*See attached maps & narrative detailing  
Pinnacle Bank Arena*



Total Area  
1635 Sq. Ft.

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JUL 18 2013 8 2013

NEBRASKA LIQUOR  
CONTROL COMMISSION

**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Cline Williams Wright Johnson & Oldfather, L.L.P.

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

SMG FOOD & BEVERAGE, LLC

LLC Address: 300 Conshohocken State Rd, Suite 450

City: Conshohocken State: PA Zip Code: 19428

LLC Phone Number: 610-729-7900 LLC Fax Number: 866-396-5565

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Lorenz First Name: Thomas MI: E

Home Address: 1364 Prairie View Rd City: Eagle

State: NE Zip Code: 68347 Home Phone Number: 402-416-5227

*Thomas Lorenz*

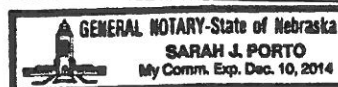
Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Lancaster  
July 17, 2013  
Date

The foregoing instrument was acknowledged before me this  
by Sarah J. Porto  
name of person acknowledge

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Lorenz First Name: Thomas MI: E

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Teresa Lee Lorenz

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: Lorenz First Name: Teresa MI: L

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Thomas Edward Lorenz

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE

☐ FEMALE

Last Name: Lorenz

First Name: Thomas

MI: E

Home Address (include PO Box if applicable): 1364 Prairie View Rd

City: Eagle

County: Lancaster

Zip Code: 68347

Home Phone Number: 402-416-5227

Business Phone Number: 402-441-7077

Social Security Number: \_\_\_\_\_

Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Place Of Birth: St. Charles, Illinois

Are you married? If yes, complete spouse's information (Even if a spouse is deceased, please indicate)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Lorenz

First Name: Teresa

MI: L

Social Security Number: \_\_\_\_\_

Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Place Of Birth: Oskaloosa, Iowa

| CITY & STATE | YEAR FROM | YEAR TO | CITY & STATE | YEAR FROM | YEAR TO |
|--------------|-----------|---------|--------------|-----------|---------|
| Lincoln, NE  | 1996      | 2004    | Lincoln, NE  | 1996      | 2004    |
| Eagle, NE    | 2004      | 2013    | Eagle, NE    | 2004      | 2013    |
|              |           |         |              |           |         |

### MANAGER'S LAST TWO EMPLOYERS

| YEAR<br>FROM TO |      | NAME OF EMPLOYER                     | NAME OF SUPERVISOR | TELEPHONE<br>NUMBER |
|-----------------|------|--------------------------------------|--------------------|---------------------|
| 1996            | 2000 | Ogden Entertainment, Pershing Center | Doug Kuhnel        | 402-441-8744        |
| 2000            | 2013 | SMG, Pershing Center                 | Joe Romano         | 515-294-2355        |

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

| Name of Applicant | Date of Conviction<br>(mm/yyyy) | Where Convicted<br>(city & state) | Description of Charge | Disposition |
|-------------------|---------------------------------|-----------------------------------|-----------------------|-------------|
|                   |                                 |                                   |                       |             |
|                   |                                 |                                   |                       |             |
|                   |                                 |                                   |                       |             |
|                   |                                 |                                   |                       |             |
|                   |                                 |                                   |                       |             |
|                   |                                 |                                   |                       |             |

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO

IF YES, list the name of the premise.

Pershing Center, Lincoln, NE

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application?  
(Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

☐ YES ☒ NO

*CARD ON FILE W/ PERSHING CENTER LICENSE #049926*

5. List any alcohol related training and/or experience (when and where).

Tom Lorenz is the Trainer for the City of Lincoln Alcohol Mgrs. Class administered by the Responsible Hospitality Council.



ORIGINAL STATE OF ILLINOIS  
**CERTIFICATE OF LIVE BIRTH**

REGISTRATION  
 DISTRICT NO. 45-3  
 REGISTERED  
 NUMBER 569

CHILD'S BIRTH NUMBER

111

VS & R 100 (1955 revision) based on the U.S. Standard Certificate of Live Birth.

1. PLACE OF BIRTH  
 a. COUNTY KANE COUNTY, ILLINOIS

2. USUAL RESIDENCE OF MOTHER  
 a. STATE ILLINOIS b. COUNTY KANE

b. Birth took place  
☐ OUTSIDE city limits and in TOWNSHIP.  
☒ INSIDE city limits and in the city, village, or town named at 2c.

c. CITY, VILLAGE, OR TOWN ST. CHARLES d. CITY, VILLAGE, OR TOWN ELGIN

e. NAME OF HOSPITAL OR INSTITUTION DELNOR f. STREET ADDRESS RD #2 BOX 117

3. CHILD'S NAME  
 a. (FIRST) THOMAS b. (MIDDLE) EDWARD c. (LAST) LORENZ

4. SEX MALE

5a. THIS BIRTH was ☒ SINGLE ☐ TWIN ☐ TRIPLET  
 5b. IF TWIN OR TRIPLET, was this child born 1st ☐ 2nd ☐ 3rd ☐

6. DATE OF BIRTH 9/3 (MONTH) 1957 (YEAR)

7. FATHER'S FULL NAME  
 a. (FIRST) HOWARD b. (MIDDLE) JAMES c. (LAST) LORENZ

8. HIS RACE WHITE

9. HIS AGE 35 YEARS 10. HIS BIRTHPLACE (City and State or Country) CARPENTERSVILLE ILLINOIS

11a. HIS USUAL OCCUPATION FOREMAN 11b. KIND OF BUSINESS OR INDUSTRY ST. CHARLES MAN.

12. MOTHER'S FULL MAIDEN NAME JOHANNA WILHEMINA WOLTER

13. HER RACE WHITE

14. HER AGE 35 YEARS 15. HER BIRTHPLACE (City and State or Country) GERMANY

16. CHILDREN PREVIOUSLY BORN TO MOTHER (Do NOT include THIS child)  
 a. How many OTHER children are NOW LIVING? 1  
 b. How many OTHER children were born alive but are NOW DEAD? 0  
 c. How many were STILLBORN, i.e., delivered dead after twenty weeks' pregnancy? 0

17. MOTHER'S MAILING ADDRESS RD #2 BOX 117  
ELGIN, ILLINOIS

18. INFORMANT Johanna W. Lorenz

19. I hereby certify that this child was born alive at the place and on the hour and date stated above. I further certify that I attended the mother in this birth.

SIGNED [Signature] M. D. ADDRESS [Signature]

DATE 6/18/57 MIDDLE NAME [Signature] PHONE NO. 2969

20. Received for filing on JUN 15 1957 (Signed) [Signature] LOCAL REGISTRAR

FILL IN THIS FORM WITH TYPEWRITER OR LEGIBLE PRINTING

State of Illinois  
 County of Kane

Date MAY 12 1976

I, David L. Pierce, Kane County Clerk and Keeper of the Records in Kane County, Illinois, do hereby certify that the attached is a true and correct copy of the original record on file.

In witness thereof, I have hereunto set my hand and affixed the Seal of the County of Kane at my office in Geneva, Illinois.



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JUL 18 2013

NEBRASKA LIQUOR  
 CONTROL COMMISSION

[Signature]  
 David L. Pierce, Kane County Clerk



JUL 18 2013

RECEIVED  
18-2013

*in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.*



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